

Application For Student License Issued By Authorized Driving Schools

ALL APPLICANTS PLEASE NOTE:

- You must be 15 years of age or older.
- You must provide evidence of your true name and date of birth.
- The cost of the student license is \$2.00 collected by the issuing driving school.
- The student license will be held by the driving instructor.
- You will be required to take a vision test and a written test as part of the application process.
- All tests must be administered by the issuing driving school.
- **THE STUDENT LICENSE IS NOT TRANSFERABLE FROM ONE DRIVING SCHOOL TO ANOTHER.**

FOR DRIVING SCHOOL USE ONLY	
OL NUMBER _____	
VISION TEST	
<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
CHECK ONE BOX	
<input type="checkbox"/> Without Lenses <input type="checkbox"/> With Lenses <input type="checkbox"/> Without Contacts	
TEST ADMINISTERED	
<input type="checkbox"/> Knowledge <input type="checkbox"/> Hearing <input type="checkbox"/> Pass <input type="checkbox"/> Fail	

SECTION 1 — ALL STUDENT LICENSE APPLICANTS MUST COMPLETE THIS ENTIRE SECTION.

FULL NAME (FIRST) _____ (MIDDLE) _____ (LAST) _____		DAYTIME TELEPHONE NUMBER () _____
MAILING ADDRESS _____		APARTMENT NUMBER _____
CITY _____	STATE _____	ZIP CODE _____
RESIDENCE ADDRESS (IF DIFFERENT FROM MAILING ADDRESS) _____		APARTMENT NUMBER _____
CITY _____	STATE _____	ZIP CODE _____
SEX <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE (MONTH/DAY/YEAR) _____	DOCUMENT USED FOR BIRTH VERIFICATION _____

SECTION 2 — ALL STUDENT LICENSE APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS.

- A. Are you wearing contact lenses? ☐ Yes ☐ No
- THE ANSWERS TO ITEMS B AND C BELOW ARE FOR THE CONFIDENTIAL USE OF THE DEPARTMENT OF MOTOR VEHICLES AND THE DRIVING SCHOOL.**
- B. Within the last three (3) years, have you experienced a lapse of consciousness or had any disease, disorder, or disability which affects your ability to exercise reasonable and ordinary control in operating a motor vehicle?..... ☐ Yes ☐ No
- C. Are you addicted to narcotics and/or alcohol or a habitual user of any drug rendering you incapable of driving safely? ☐ Yes ☐ No
- D. Have you had your driving privilege or a driver license suspended or revoked within the past seven (7) years?..... ☐ Yes ☐ No

SECTION 3 — ALL APPLICANTS MUST COMPLETE.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I further certify that all information contained in this application is true to the best of my knowledge and I understand that any false statement made on this application may result in cancellation of any student license issued.

DATE _____	APPLICANT'S SIGNATURE X
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SECTION 4 — COMPLETED BY DRIVING SCHOOL REPRESENTATIVE.

- A. If the student license is cancelled by the driving school, provide the reason and forward the application together with the student license to the Department of Motor Vehicles: _____
- REASON FOR CANCELLATION
- B. The authorized driving school employee who cancelled the student license or referred the student to the Department of Motor Vehicles: _____
- | | |
|--|----------------------------|
| AUTHORIZED DRIVING SCHOOL EMPLOYEE _____ | DATE OF CANCELLATION _____ |
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For any referral from Section 2 or cancellation from Section 4, mail to:

Department of Motor Vehicles, Driver Safety Review Unit
 P. O. Box 942890, Sacramento, CA 94290-0001